

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17166

FILED JUN 12 1957

Registration District No. 149

Primary Registration District No. 1002

STATE FILE NUMBER 2435

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1		d. STREET ADDRESS 500 South Main	
3. NAME OF DECEASED (Type or print) First Pearl Middle E. Last Kerr		4. DATE OF DEATH Month 5 Day 24 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 22, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		11. BIRTHPLACE (City and state or country) De Weese, Nebr.	
13a. FATHER'S NAME George Tylee		13b. MOTHER'S MAIDEN NAME Elizabeth Dickson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give war or dates of service)		17. INFORMANT Theodore Coop Address Junction City, Kans.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			231+
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from May 24, 1957 to May 24, 1957 and last saw her alive on May 24, 1957 Death occurred at 5:33 A. m on the date stated above; and to the best of my knowledge, from the causes stated.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
22a. SIGNATURE: B. I. Burns (Degree or title)		22b. ADDRESS 24th & Cherry	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23c. NAME OF CEMETERY OR CREMATORY Mt. Vernon	
23b. DATE 5/25/1957		23d. LOCATION (City, town, or county) (State) Atchison, Kansas	
24. FUNERAL DIRECTOR ADDRESS Ralph Fulton, Kansas City, Kan.		25. DATE RECD. BY LOCAL REG. 5-25-57	
		26. REGISTRAR'S SIGNATURE Neve Minshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
X
by me, or by, Student Embalmer No.
working under my personal supervision.

Student

Signature of Student Embalmer

Signed *Ralph Fulton*

Licensed Embalmer No. 3035

P. O. Address 1319 N. 18th
Ralph Fulton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.